

DBE Payment Shortfall

Contract No.:

County:

Letting Date:

Acceptance Date:

Final Estimate Paid Date: N/A

Description:

Subcontractor	Committed Amount (\$)	Reported Amount (\$)

Attach documentation of all payments made to the above subcontractors, including the date and amount of the payment. Provide an explanation below for any subcontractor that the total payments do not equal or exceed the committed amount. This form should be signed by the company president or someone authorized to sign Supplemental Agreements.

President
(or authorized representative)

Date